DECLARATION/POWER OF ATTORNEY				Attorney Docket	Attorney Docket Number 18052					
FOR										
UTILITY OR DESIGN PATENT APPLICATION				ON First Named Inv	entor	Hong Gan et al.				
(37 CFR 1.63)										
⊠ Decla	bmitted th Initial	□Declaration Submitted after Initia Filing (surcharge (37 CFR 1.16(e))	_		COMPLETE IF KNOWN					
Subm			al Application Number	Application Number						
				Filing Date	Filing Date		Herewith			
Filing			Group Art Unit							
		required		Examiner Name	Examiner Namo					
As a belov	y named inventor, I l	hereby decl	are that:			•				
My resider	nce, mailing address, a	and citizenst	nip are as sta	ted below next to my name.						
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: AN ADAPTIVE WIDEBAND DIGITAL AMPLIFIER FOR LINEARLY MODULATED SIGNAL AMPLIFICATION AND TRANSMISSION										
the specification of which										
is attached hereto										
0	OR									
was filed on as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable).										
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.										
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.										
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designed at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT internatinal application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Application Number(s)		Cou	ntrv	Foreign Filing Date (MM/DD/YYYY)		riority Claimed	Certified Copy			
		Country			1100		YES	NO		
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.										
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.										
A	.pplication Number(s	S)	Filin	g Date (MM/DD/YYYY)		numbe supple	onal provisional a rs are listed on a nental priority de B/02B attached b	ata sheet		

DECLARATION - Utility or Design Patent Application								
Direct all correspondence to: Customer Number or Correspondence address below								
Name Joseph A. Tessari, Esquire								
Address	Tyco Technology Resources							
Address 4550 New Linden Hill Road—Suite 140								
City	Wilmington	State	DE	Zip 19808-2952				
Country	US		(302) 633 3566	Fax (302) 633 2776				
POWER OF ATTORNEY								
l hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:								
	Joseph A. Tessari Driscoll A. Nina, Jr. Registration No. 32177 Registration No. 34685 Robert J. Kapalka Michael J. Aronoff Registration No. 37770 Salvatore Anastasi Registration No. 39090 T. Daniel Christenbury Registration No. 31750 Paul A. Taufer Registration No. 35703 Frank A. Cona Registration No. 38412 Darius C. Gambino Registration No. 41472 James E. Bauersmith Registration No. 50533							
[x] I hereby appoint the practitioner(s) associated with Customer Number 035811 to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.								
Attached, as part of this Declaration and Power of Attorney, is the authorization of the above-named practitioner(s) to accept and follow instructions from my representative(s).								
DECLARATION								
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
		☐ A petition has	been filed for this unsig	ned inventor				
Given Name (first and middle [if any]) Hong Family Name or Surname Gan								
Inventor's Signature Date 2/15/03								
Residence/City:	Belle Mead	State NJ	Country US	Citizenship US				
Mailing Address: 127 Cain Ct.								
Mailing Address:								
City Belle Me	ead	State NJ	Zip 08502 Country US					

[Page 2 of 3]

NAME OF SECOND INVENTOR:		☐ A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any]) Anthony	Family Name or Surname Dennis						
Inventor's Signature	Dennis				Date 9/19/83		
Residence/City: Belle Mead	State	State NJ Country US		ntry US	Citizenship US		
Mailing Address: 27 Montfort Drive							
Mailing Address:							
City: Belle Mead		State NJ		Zip 08502	Country US		
NAME OF ADDITIONAL JOINT INVENTOR, IF ANY:		petition has be	een f	filed for this unsigne	ed inventor		
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature			-		Date		
Residence/City:		State		Country	Citizenship		
Mailing Address:							
Mailing Address:							
City:	State	State		Zip	Country		
NAME OF ADDITIONAL JOINT INVENTOR, IF ANY:	☐ A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any]) Dragos		Family Name or Surname					
Inventor's Signature					Date		
Residence/City:		State		Country	Citizenship		
Mailing Address							
Mailing Address							
City	State			Zip	Country		
NAME OF ADDITIONAL JOINT INVENTOR, IF ANY:	☐ A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or			Surname		
Inventor's Signature					Date		
Residence/City:	State	State Country		Country	Citizenship		
Mailing Address							
Mailing Address							
City		State		Zip	Country		

[] Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.